

# **Arkansas Department of Human Services Division of Medical Services**

Donaghey Plaza South PO Box 1437 Little Rock, Arkansas 72203-1437

Internet Website: www.medicaid.state.ar.us

Telephone: (501) 682-8292 TDD: (501) 682-6789 or 1-877-708-8191 FAX: (501) 682-1197

#### **OFFICIAL NOTICE**

DMS-2004-A-1 DMS-2004-G-1 DMS-2004-R-3 DMS-2004-OO-1

DMS-2004-AR-1 DMS-2004-L-4 DMS-2004-QQ-1 DMS-2004-HH-1 DMS-2004-SS-1 DMS-2004-Y-2 DMS-2004-C-2 DMS-2004-KK-2 DMS-2004-YY-3

TO: Health Care Provider - Ambulatory Surgical Center (ASC);

ARKids First-B; Certified Registered Nurse Anesthetist (CRNA); Child Health Management Services (CHMS); Child Health Services (EPSDT); Hospital; Independent Laboratory; Nurse Practitioner; Physician; Radiation Therapy Center; Rehabilitative Hospital; Rehabilitative Services for Persons with Mental Illness (RSPMI); Rural Health Clinic (RHC) and

**Arkansas Department of Health** 

DATE: February 27, 2004

SUBJECT: 2004 CPT Procedure Code Conversion

#### I. General Information

A review of the CPT 2004 procedure codes has been completed, and the Arkansas Medicaid Program will begin accepting CPT 2004 procedure codes on claims with dates of service on and after **April 1, 2004**. Additions, deletions and revisions have been incorporated. Please add this information to your Medicaid provider manual until revised manual sections have been included in future manual updates.

Procedure codes that are identified as deletions in the CPT 2004 (Appendix B) are **non-payable** for dates of service on and after April 1, 2004.

Official Notice
DMS-2004-A-1 DMS-2004-G-1 DMS-2004-R-3 DMS-2004-OO-1
DMS-2004-AR-1 DMS-2004-L-4 DMS-2004-QQ-1
DMS-2004-HH-1 DMS-2004-SS-1 DMS-2004-Y-2
DMS-2004-C-2 DMS-2004-KK-2 DMS-2004-YY-3
Page 2

#### II. Non-Covered CPT 2004 Procedure Codes

A. Effective for dates of service on and after April 1, 2004, the following CPT 2004 procedure codes are **non-covered:** 

59072	65780	65781	65782	89268
89272	89280	89281	89290	89291
89335	89342	89343	89344	89346
89352	89353	89354	89356	91110
97755	99601	99602		

B. Effective for dates of service on and after April 1, 2004, the following CPT 2004 procedure codes, in addition to the those listed above, are **non-covered** for outpatient hospital and ambulatory surgical center providers:

22534	31632	31633	35697	61864
61868	63103			

C. Effective for dates of service on and after April 1, 2004, all CPT 2004 procedure codes listed in **Category III** (temporary codes) are **non-covered.** 

#### III. Vaccines for Children (VFC)

Effective for dates of service on and after April 1, 2004, CPT 2004 procedure code **90655** must be used when filing claims for administering influenza virus vaccine, split virus, preservative free, for children 6 – 35 months of age. This vaccine is available through the VFC Program and must be billed with applicable modifiers EP and TJ for regular Medicaid which includes ARKids A. ARKids First-B must be billed with modifier TJ.

## IV. Special Requirements for 2004 CPT Procedure Code 79403

Effective for dates of service on and after April 1, 2004, new CPT procedure code **79403** is covered only when the following requirements are met.

Prior to beginning therapy the provider must submit a history and physical report on the recipient. All drugs and therapeutics previously administered must be included along with documentation that conventional therapy has failed. This information must be sent to the attention of the Medical Director at the following address:

Official Notice			
DMS-2004-A-1	DMS-2004-G-1	DMS-2004-R-3	DMS-2004-00-1
DMS-2004-AR-1	DMS-2004-L-4	DMS-2004-QQ-1	
DMS-2004-HH-1	DMS-2004-SS-1	DMS-2004-Y-2	
DMS-2004-C-2	DMS-2004-KK-2	DMS-2004-YY-3	
Page 3			

Arkansas Department of Human Services Division of Medical Services PO Box 1437, Slot 412 Little Rock, AR 72203-1437

The provider will be notified by mail of the Medical Director's decision. If approval is received, the provider must file the claim for service with a copy of the approval letter and a copy of the invoice for the monoclonal antibody used. The claim should be sent to EDS for processing.

### V. Additional Information

The complete description for each CPT 2004 procedure code may be found in the CPT 2004 book. The CPT 2004 book may be purchased from Ingenix online at <a href="http://www.ingenixonline.com/">http://www.ingenixonline.com/</a> or by calling 1-877-464-3649.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Official Notice
DMS-2004-A-1 DMS-2004-G-1 DMS-2004-R-3 DMS-2004-OO-1
DMS-2004-AR-1 DMS-2004-L-4 DMS-2004-QQ-1
DMS-2004-HH-1 DMS-2004-SS-1 DMS-2004-Y-2
DMS-2004-C-2 DMS-2004-KK-2 DMS-2004-YY-3
Page 4